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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Celso First name Gabriel Middle name Santos Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4226	

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Case number (if known)

Debtor 1 Celso Gabriel Santos

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs **EINs** Where you live If Debtor 2 lives at a different address: 450 Cherry Hill St Addison, IL 60101 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **DuPage** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Celso Gabriel Santos

Case number (if known)

ar	Tell the Court About	Your B	ankruptcy Ca	ase			
7.	The chapter of the Bankruptcy Code you are				n of each, see <i>Notice Re</i> of page 1 and check the		§ 342(b) for Individuals Filing for Bankruptcy
	choosing to file under	□с	hapter 7				
		□с	hapter 11				
		□с	hapter 12				
		■ C	hapter 13				
3.	How you will pay the fee		about how yo	ou may pay. Typ attorney is sub	pically, if you are paying	the fee yourself, yo	clerk's office in your local court for more details u may pay with cash, cashier's check, or money ttorney may pay with a credit card or check with
					stallments. If you choos ts (Official Form 103A).	e this option, sign ar	nd attach the Application for Individuals to Pay
			but is not req applies to you	uired to, waive ur family size a	your fee, and may do so nd you are unable to pa	o only if your income y the fee in installme	ou are filing for Chapter 7. By law, a judge may, a is less than 150% of the official poverty line that ents). If you choose this option, you must fill out 103B) and file it with your petition.
) .	Have you filed for	■ No					
	bankruptcy within the last 8 years?	■ No					
			District		When		Case number
			District		When		Case number
			District		When		Case number
10.	Are any bankruptcy cases pending or being	■ No)				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	es.				
			Debtor				Relationship to you
			District		When		Case number, if known
			Debtor				Relationship to you
			District		When		Case number, if known
11.	Do you rent your residence?	■ No	Go to I	ine 12.			
	residence :	□ Ye	es. Has yo	our landlord obt	ained an eviction judgm	ent against you?	
				No. Go to line	12.		
				Yes. Fill out Ir. this bankruptc		n Eviction Judgment	Against You (Form 101A) and file it as part of

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Document Case number (if known) Debtor 1 Celso Gabriel Santos

art	Report About Any Bu	sinesses	You Own	as a Sole Proprietor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of busine	ess
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State &	& ZIP Code
	it to this petition.		Check		o describe your business:
				Health Care Busines	s (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real Es	state (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as defin	ned in 11 U.S.C. § 101(53A))
				Commodity Broker (a	as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadlines operation	s. If you in	dicate that you are a sow statement, and fed	urt must know whether you are a small business debtor so that it can set appropriate mall business debtor, you must attach your most recent balance sheet, statement of eral income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am n	ot filing under Chapter	11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fi Code.	ing under Chapter 11	but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am fi	ing under Chapter 11	and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	4: Report if You Own or	Have Any	Hazardo	us Property or Any P	Property That Needs Immediate Attention
	Do you own or have any		11424140	20 1 10polity 0. 7y 1	Topolly That Neede Immodule Allondon
14.	property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is t	ne hazard?	
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			ate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	umber, Street, City, State & Zip Code

Debtor 1 Celso Gabriel Santos

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 56 Case number (if known) Debtor 1 **Celso Gabriel Santos** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **2**5,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Signature of Debtor 2

MM / DD / YYYY

Executed on

/s/ Celso Gabriel Santos

Executed on June 3, 2018

MM / DD / YYYY

Celso Gabriel Santos Signature of Debtor 1

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Debtor 1 Celso Gabriel Santos Document Page 7 01 50 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Mila Gloria Novak	Date	June 3, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Mila Gloria Novak 6184136		
Printed name		
Mila Gloria Novak		
Firm name		
2300 W. Lake St		
Melrose Park, IL 60160-3623		
Number, Street, City, State & ZIP Code		
Contact phone 708-343-9119	Email address	mila@milaglorianovak.com
6184136 IL		
Bar number & State		

	Docume	ent Page 8 of 5	<u> </u>	
rmation to identify your	case:			
Celso Gabriel Sa	ntos			
First Name	Middle Name	Last Name		
First Name	Middle Name	Last Name		
ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
			_	
	Celso Gabriel Sal First Name	Celso Gabriel Santos First Name Middle Name First Name Middle Name	Tenation to identify your case: Celso Gabriel Santos First Name Middle Name Last Name First Name Middle Name Last Name	Celso Gabriel Santos First Name Middle Name Last Name First Name Middle Name Last Name

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	200,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	8,253.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	208,253.00
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	299,285.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	7,633.00
	Your total liabilities	\$	306,918.00
Pai	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,651.17
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,301.00
Pai	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	personal	, family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11: OR . Form 122B Line 11: OR . Form 122C-1 Line 14.

3,028.67 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Bort A on Cohodula E/E compaths following:	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Cá	ase 18-1600	3 Doc 1	Filed 06/04/1	.8 Entered 06/04/18	8 14:35:09	Desc	: Main
Fill	in this infor	mation to identify	your case and t					
Deb	otor 1	Celso Gabrio		le Name	Last Name			
	otor 2 use, if filing)	First Name	Midd	le Name	Last Name			
Unit	ted States Ba	ankruptcy Court for	the: NORTHER	RN DISTRICT OF IL	LINOIS			
Cas	se number _				_			Check if this is an amended filing
SC 1 ea	chedul		roperty escribe items. List		If an asset fits in more than one			
nfor	mation. If mor ver every ques	re space is needed, a stion.	attach a separate s	sheet to this form. On	ople are filing together, both are e the top of any additional pages, Own or Have an Interest In			
	No. Go to Pa	, ,	uitable interest in	any residence, buildi	ng, land, or similar property?			
1.1				What is the prope	erty? Check all that apply			
	450 Cherr Street address	ry Hill St , if available, or other des	cription		ily home multi-unit building ium or cooperative	the amount of any	secured cl	s or exemptions. Put laims on Schedule D: Secured by Property.
	Addison	IL State	60101-0000 ZIP Code	☐ Manufactul☐ Land☐ Investment	red or mobile home	Current value of entire property?	F	Current value of the portion you own? \$200,000.00
	ŕ			☐ Timeshare ☐ Other	rest in the property? Check one		ole, tenano	r ownership interest by by the entireties, or
	DuPage			Debtor 2 or	nly			
	County			☐ At least on	nd Debtor 2 only e of the debtors and another n you wish to add about this item cation number:	(see instructions		unity property
					es from Part 1, including any o			\$200,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

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Case number (if known) Document Debtor 1 **Celso Gabriel Santos** 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **Buick** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Lucerne Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2006 Year: Debtor 2 only Current value of the Current value of the 100000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$3,500.00 \$3,500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$3.500.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... misc household items \$200.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... TV Samsung 40" and 46" 3 years old, cell phone iphone 2 years \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment No

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Desc Main

Debtor 1	Case 18-16003 Doc 1 Filed 06/04/18 Entered 06/04/18 14:35:09 Document Page 12 of 56	
200101 1	Celso Gabriel Santos Case number (if known)	
☐ Yes.	Describe	
☐ No	ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	
	misc clothing	\$200.00
-	e	
■ No	ry ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, go Describe	old, silver
	arm animals	
Exam ■ No	ples: Dogs, cats, birds, horses	
	Describe	
14. Any o	ther personal and household items you did not already list, including any health aids you did not list	
■ No		
☐ Yes.	Give specific information	
	the dollar value of all of your entries from Part 3, including any entries for pages you have attached art 3. Write that number here	\$700.00
Part 4: De	escribe Your Financial Assets	
	wn or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash	ples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petitio	
☐ No		on
☐ No		
☐ No		\$20.00
□ No ■ Yes. 17. Depos		\$20.00
□ No ■ Yes. 17. Depos Exam □ No	Cash Sits of money ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage h	\$20.00
□ No ■ Yes. 17. Depos Exam □ No	Cash Sits of money ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage himstitutions. If you have multiple accounts with the same institution, list each.	\$20.00
□ No ■ Yes. 17. Depos Exam □ No	Cash Sits of money ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage h institutions. If you have multiple accounts with the same institution, list each. Institution name:	\$20.00 ouses, and other similar
□ No ■ Yes. 17. Depose Exam □ No ■ Yes.	Cash Sits of money ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage h institutions. If you have multiple accounts with the same institution, list each. Institution name:	\$20.00 ouses, and other similar
□ No ■ Yes. 17. Depos Exam □ No ■ Yes. 18. Bonds Exam ■ No	Cash Sits of money ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage h institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking Chase Bank 5, mutual funds, or publicly traded stocks	\$20.00 ouses, and other similar
□ No ■ Yes. 17. Depos Exam □ No ■ Yes. 18. Bonds Exam □ No □ Yes. 19. Non-p joint v	Cash Sits of money ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage hinstitutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking Chase Bank 5, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with brokerage firms, money market accounts	\$20.00 ouses, and other similar \$1,033.00
□ No ■ Yes. 17. Depos Exam □ No ■ Yes. 18. Bonds Exam ■ No □ Yes. 19. Non-p joint ■ No	Cash Sits of money ples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage hinstitutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking Chase Bank S, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ublicly traded stock and interests in incorporated and unincorporated businesses, including an interest	\$20.00 ouses, and other similar \$1,033.00

		Case 18	-16003	Doc 1	Filed 06/04/18	Entered 06/04/18 14:35	:09 Desc Main
De	ebtor 1	Celso Gab	riel Santos		Document	Page 13 of 56 Case number (if k	known)
20.	Negoti	able instrumen	ts include pe	rsonal check		egotiable instruments nissory notes, and money orders. by signing or delivering them.	
		Give specific ir		out them r name:			
21.		nent or pension bles: Interests in		v, Keogh, 40	1(k), 403(b), thrift saving	s accounts, or other pension or profit-sl	haring plans
	■ Yes.	List each acco		y. account:	Institution n	ame:	
			401K		401 K Sup	perior Ambulance	\$3,000.00
22.	Your sl Examp	ty deposits an hare of all unusoles: Agreemen	sed deposits	you have ma	rent, public utilities (elec	inue service or use from a company ctric, gas, water), telecommunications c ame or individual:	companies, or others
23			for a periodic	navment of		life or for a number of years)	
	■ No □ Yes		Issuer name			ille of for a number of years)	
24.		s in an educa C. §§ 530(b)(1)			n a qualified ABLE pro	gram, or under a qualified state tuiti	on program.
	■ No □ Yes		Institution na	me and desc	ription. Separately file th	e records of any interests.11 U.S.C. §	521(c):
	■ No	equitable or f			rty (other than anythin	g listed in line 1), and rights or powe	ers exercisable for your benefit
26.					ets, and other intellecturoceeds from royalties a	al property nd licensing agreements	
	■ No □ Yes.	Give specific i	nformation at	oout them			
27.		es, franchises bles: Building p				n holdings, liquor licenses, professional	licenses
		Give specific i	nformation at	oout them			
M	oney or _l	property owed	I to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref ■ No	unds owed to	you				
	☐ Yes.	Give specific ir	formation ab	out them, inc	cluding whether you alre	ady filed the returns and the tax years	
	Examp ■ No	support oles: Past due of			usal support, child suppo	ort, maintenance, divorce settlement, pr	roperty settlement
30.			iges, disabilit	y insurance į	payments, disability bend someone else	efits, sick pay, vacation pay, workers' o	compensation, Social Security

Schedule A/B: Property

Official Form 106A/B

	Case 18-16003	Doc 1	Filed 06/04/18	Entered 06/04/18 14:35:09	Desc Main		
Debtor 1	Celso Gabriel Santos		Document	Page 14 of 56 Case number (if known)			
☐ Yes.	Give specific information						
	sts in insurance policies ples: Health, disability, or life	insurance; h	ealth savings account (l	HSA); credit, homeowner's, or renter's insurar	nce		
☐ Yes.	Name the insurance compa Comp	ny of each po pany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:		
If you somed	aterest in property that is described are the beneficiary of a living one has died. Give specific information			d surance policy, or are currently entitled to reco	eive property because		
Exam _l ■ No	s against third parties, whe ples: Accidents, employment Describe each claim			t or made a demand for payment to sue			
■ No	contingent and unliquidate Describe each claim	ed claims of	every nature, including	g counterclaims of the debtor and rights to	set off claims		
■ No	nancial assets you did not Give specific information	already list					
				ny entries for pages you have attached	\$4,053.00		
Part 5: De	escribe Any Business-Related	Property You	Own or Have an Interest I	n. List any real estate in Part 1.			
No. Go	own or have any legal or equit o to Part 6. Go to line 38.	table interest i	in any business-related pi	roperty?			
	escribe Any Farm- and Comme you own or have an interest in fa			n or Have an Interest In.			
■ No.	46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7.						
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above							
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information							
54. Add	the dollar value of all of yo	ur entries fr	om Part 7. Write that n	umber here	\$0.00		

Official Form 106A/B Schedule A/B: Property page 5

Page 15 of 56
Case number (if known) Document Debtor 1 **Celso Gabriel Santos**

Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$200,000.00
56.	Part 2: Total vehicles, line 5	\$3,500.00		
57.	Part 3: Total personal and household items, line 15	\$700.00		
58.	Part 4: Total financial assets, line 36	\$4,053.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$8,253.00	Copy personal property total	\$8,253.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$208,253.00

Official Form 106A/B Schedule A/B: Property page 6

		17000000		<u> </u>	
Fill in this infor	mation to identify your	case:			
Debtor 1	Celso Gabriel Sa	ntos			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					Check if this is an
					amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemp	otions are	you claiming?	Check one only	, even if	your spouse is	s filing with	you.
----	--------------------	------------	---------------	----------------	-----------	----------------	---------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	e Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
450 Cherry Hill St Addison, IL 60101 DuPage County	\$200,000.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2006 Buick Lucerne 100000 miles Line from Schedule A/B: 3.1	\$3,500.00		\$2,400.00	735 ILCS 5/12-1001(c)
Ente from Generalie A.D. G.1			100% of fair market value, up to any applicable statutory limit	
2006 Buick Lucerne 100000 miles Line from Schedule A/B: 3.1	\$3,500.00		\$1,100.00	735 ILCS 5/12-1001(b)
Ente from Generalie A.B. G.1			100% of fair market value, up to any applicable statutory limit	
misc household items Line from Schedule A/B: 6.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Ente from Generalie A.D. G.1			100% of fair market value, up to any applicable statutory limit	
TV Samsung 40" and 46" 3 years old, cell phone iphone 2 years	\$300.00		\$300.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	

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Case Gabriel Santos

DC	Stor Cerso Cabrier Santos			odoc Humber (II known)		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	, , ,	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	misc clothing Line from Schedule A/B: 11.1	\$200.00		\$200.00	735 ILCS 5/12-1001(a)	
	Line Holli Schedule Arb. 11.1			100% of fair market value, up to any applicable statutory limit		
	Cash Line from Schedule A/B: 16.1	\$20.00		\$20.00	735 ILCS 5/12-1001(b)	
	Line Irom Scriedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit		
	Checking: Chase Bank Line from Schedule A/B: 17.1	\$1,033.00		\$1,033.00	735 ILCS 5/12-1001(b)	
	Line Irom Scriedule Arb. 17.1			100% of fair market value, up to any applicable statutory limit		
	401K: 401 K Superior Ambulance Line from Schedule A/B: 21.1	\$3,000.00		\$3,000.00	735 ILCS 5/12-1006	
	Line Holli Schedule Arb. 21.1			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every			led on or after the date of adjustmen	nt.)	
	■ No					
	Yes. Did you acquire the property cover	red by the exemption wi	thin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

		Document	Page 1	8 of 56					
Fill in this inform	nation to identify you	ur case:							
Debtor 1	Celso Gabriel S	Contac							
Deptor 1	First Name	Middle Name	Last Name		-				
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Name		-				
United States Bar	nkruptcy Court for the	: NORTHERN DISTRICT OF	ILLINOIS						
ooa otatoo ba	aproy court for the				-				
Case number _									
(if known)						ck if this is an			
					ame	nded filing			
Official Form	106D								
Schedule	D: Creditors	Who Have Claims	s Secure	d by Propert	У	12/15			
Be as complete and	d accurate as possible.	If two married people are filing toge	ether, both are e	qually responsible for si	upplying correct inform	nation. If more space			
s needed, copy the		out, number the entries, and attach							
number (if known).									
	have claims secured by	, , , ,							
	this box and submit t	his form to the court with your oth	er schedules.	You have nothing else	to report on this form.				
Yes. Fill in	all of the information	below.							
Part 1: List Al	II Secured Claims								
		more than one secured claim, list the	creditor caparate	Column A	Column B	Column C			
		s a particular claim, list the other credit		Amount of claim	Value of collateral	Unsecured			
much as possible, li	ist the claims in alphabeti	al order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any			
2.1 Citimortga	age	Describe the property that secure	s the claim:	\$299,285.00	\$200,000.00	*			
Creditor's Name		450 Cherry Hill St Addisor							
		DuPage County	,						
Citimortga	age Corp	As of the date you file, the claim i	is: Charle all that						
	nnology Dr	apply.	S. Check all that						
O'Fallen,	MO 63368	☐ Contingent	_						
Number, Street	, City, State & Zip Code	☐ Unliquidated							
140		Disputed							
Who owes the de	ebt? Check one.	Nature of lien. Check all that apply.							
Debtor 1 only		An agreement you made (such a car loan)	as mortgage or se	ecured					
Debtor 2 only	-h4 0h	_ ′							
Debtor 1 and De		☐ Statutory lien (such as tax lien, mechanic's lien)							
	he debtors and another	☐ Judgment lien from a lawsuit							
Check if this cl		☐ Other (including a right to offset)							
community do									
	Opened								
	04/06 Last								
Date debt was inci	Active urred 8/10/15	Last 4 digits of account nu	mber 7237						
Date debt was inci	0/10/13								
Add the dollar va	alue of vour entries in C	Column A on this page. Write that nu	ımher here	\$299,28	85.00				
	=	the dollar value totals from all page		\$299,28					
Write that number	er here:	· -		\$299,20	55.00				
Part 2: List Oth	ners to Be Notified fo	or a Debt That You Already List	ed						
				already listed in Dout 4	For example if a cell	antian anamay in			
		ne notified about your bankruptcy for nowe to someone else, list the creditor							
		t you listed in Part 1, list the addition	nal creditors he	ere. If you do not have ad	ditional persons to be	notified for any			
uebts in Part 1, 00	not fill out or submit th	ns page.							
☐ Name, Numl	ber, Street, City, State &	Zip Code	On wh	nich line in Part 1 did you e	enter the creditor? 21				
Codilis &	Associates		On Wi	iion iiio iii i ait i aid you e		_			
	N. Frontage Rd, Sເ	uite 100	Last 4	digits of account number					
Burr Ridg	ge, IL 60527								

		Document	Page 19	9 of 56	_		
Fill in this	information to identify your	case:					
Debtor 1	Celso Gabriel Sar	ntos					
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filin	g) First Name	Middle Name	Last Name				
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS				
Case numb	per				_	heck if this is an nended filing	
Schedu		ho Have Unsecured				12/15	
any executor Schedule G: Schedule D: eft. Attach th name and ca	ry contracts or unexpired leases Executory Contracts and Unexp Creditors Who Have Claims Sec ne Continuation Page to this pag ise number (if known).	e Part 1 for creditors with PRIORIT that could result in a claim. Also li ired Leases (Official Form 106G). Dured by Property. If more space is real from the property of the property of the property.	ist executory o o not include needed, copy t	contracts on Schedule A/B: any creditors with partially the Part you need, fill it out	: Property (Officiand in the coured claims for the coured claims for the entity in the court in	al Form 106A/B) and on that are listed in ries in the boxes on the	
	List All of Your PRIORITY Un						
_ `	creditors have priority unsecure	d claims against you?					
_	Go to Part 2.						
☐ Yes.	L'AN AN ANDREDITA						
	List All of Your NONPRIORIT						
3. Do any	creditors have nonpriority unsec	cured claims against you?					
□ No. Y	You have nothing to report in this pa	art. Submit this form to the court with	your other sche	edules.			
Yes.							
unsecure	ed claim, list the creditor separately	aims in the alphabetical order of the for each claim. For each claim listed st the other creditors in Part 3.If you h	, identify what t	type of claim it is. Do not list	claims already incl	uded in Part 1. If more	
						Total claim	
4.1 Af 1	filiated Physicians Praction	ce of E Last 4 digits of acc	ount number	6060		\$26.00	
27	npriority Creditor's Name 535 Network Place nicago, IL 60673	When was the debt	incurred?				
Nur	mber Street City State Zlp Code o incurred the debt? Check one.	As of the date you f	ile, the claim i	is: Check all that apply			
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
☐ Debtor 1 and Debtor 2 only ☐ Disputed							
	At least one of the debtors and and	other Type of NONPRIOR	ITY unsecured	d claim:			
	Check if this claim is for a comr	nunity					
deb				aration agreement or divorce	that you did not		
_	he claim subject to offset?	report as priority clair					
		•	•	ng plans, and other similar de	DIS		
	Yes	Other. Specify	10/2/17				

Document Page 20 of 56 Debtor 1 Celso Gabriel Santos Case number (if know) 4.2 \$265.00 Affiliated Physicians Practice of E Last 4 digits of account number 6060 Nonpriority Creditor's Name 27535 Network Place When was the debt incurred? 4/13/18 Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical ☐ Yes 4.3 **Capital One** Last 4 digits of account number 5342 \$415.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 09/15 Last Active Po Box 30285 When was the debt incurred? 1/05/18 Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify **Credit Collection Services** \$892.00 4.4 6823 Last 4 digits of account number Nonpriority Creditor's Name 725 Canton St When was the debt incurred? Norwood, MA 02062 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Elmhurst Memorial Hospital

Document Page 21 of 56 Debtor 1 Celso Gabriel Santos Case number (if know) 4.5 \$516.00 **Credit One Bank** Last 4 digits of account number 9290 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/16 Last Active Po Box 98873 When was the debt incurred? 3/07/18 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes **Dell Financial Services LLC** 4.6 Last 4 digits of account number 6235 \$242.00 Nonpriority Creditor's Name Attn: President/CEO Opened 06/09 Last Active Po Box 81577 When was the debt incurred? 11/09/11 Austin, TX 78708 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.7 **Elmhurst Clinic Addison** \$100.00 Last 4 digits of account number 4100 Nonpriority Creditor's Name 303 W Lake St When was the debt incurred? various Addison, IL 60101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans

■ No

☐ Yes

report as priority claims

■ Other. Specify medical

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

Page 22 of 56 Document Debtor 1 Celso Gabriel Santos Case number (if know) \$671.00 4.8 Elmhurst Clinic- Billing Last 4 digits of account number 6060 Nonpriority Creditor's Name 172 E Schiller St When was the debt incurred? Elmhurst, IL 60126 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify hospitalist and Schiller medical ☐ Yes 4.9 **Elmhurst Memorial Hospital** Last 4 digits of account number 6823 \$918.00 Nonpriority Creditor's Name P O Box 4052 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.1 **Elmhurst Memorial Hospital** 4562 \$13.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 28930 Netowrk Place When was the debt incurred? 5/3/18 Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not

Official Form 106 E/F

■ No

☐ Yes

report as priority claims

■ Other. Specify medical

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Entered 06/04/18 14:35:09 Case 18-16003 Doc 1 Filed 06/04/18 Desc Main Page 23 of 56 Document Case number (if know) Debtor 1 Celso Gabriel Santos 4.1 **Elmhurst Radiologist** 5941 \$13.00 Last 4 digits of account number Nonpriority Creditor's Name P O Box 1035 When was the debt incurred? Bedford Park, IL 60499 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify medical ☐ Yes 4.1 Kohls/Capital One 8618 \$425.00 Last 4 digits of account number Nonpriority Creditor's Name **Kohls Credit** Opened 01/16 Last Active When was the debt incurred? 1/05/18 Po Box 3120 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 **Merchants Credit** 1350 \$972.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 11/17** Ste 700 Chicago, IL 60606 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Elmhurst Memorial** Other. Specify Hospital ☐ Yes

Document Page 24 of 56 Debtor 1 Celso Gabriel Santos Case number (if know) 4.1 **Nationwide Credit & Collection** 6060 \$25.00 Last 4 digits of account number 4 Nonpriority Creditor's Name 815 Commerce Dr Suite 270 When was the debt incurred? Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify medical ☐ Yes 4.1 **Nationwide Credit & Collection** 6060 \$696.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 815 Commerce Dr Suite 270 When was the debt incurred? Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify medical Elmhurst Clinic ☐ Yes Nationwide Credit & Collections, 4.1 \$236.00 8572 Inc Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 06/16** 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Elmhurst Memorial** ☐ Yes Other. Specify Healthcare

Case 18-16003 Doc 1 Filed 06/04/18 Entered 06/04/18 14:35:09 Desc Main Page 25 of 56 Document Case number (if know) Debtor 1 Celso Gabriel Santos Nationwide Credit & Collections, 4.1 8571 \$202.00 Last 4 digits of account number Inc Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 06/16** 815 Commerce Dr Ste 270 Oak Brook, IL 60523 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No **Collection Attorney Elmhurst Memorial** Other. Specify Healthcare ☐ Yes Nationwide Credit & Collections, 4.1 8573 \$78.00 8 Inc Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 06/16** 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: lacksquare At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Elmhurst Memorial ☐ Yes Other. Specify Healthcare 4.1 Nationwide Credit & Collections, 3783 \$71.00 Last 4 digits of account number 9 Inc Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 07/16** 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

■ No

Other. Specify Healthcare

☐ Obligations arising out of a separation agreement or divorce that you did not

Collection Attorney Elmhurst Memorial

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

debt

☐ Yes

☐ Check if this claim is for a community

Is the claim subject to offset?

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Case number (if know)

Debtor	1 Celso Gabriel Santos	——————————————————————————————————————	Case number (if know)				
4.2	Nationwide Credit & Collections, Inc Nonpriority Creditor's Name	Last 4 digits of account number	6007	\$35.00			
	Attn : Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523	When was the debt incurred?	Opened 09/17				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	Other. Specify Collection A Healthcare	Attorney Elmhurst Memorial				
$\overline{\Box}$							
4.2	Nationwide Credit & Collections, Inc Nonpriority Creditor's Name	Last 4 digits of account number	8101	\$25.00			
	Attn : Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523	When was the debt incurred?	Opened 07/15				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin					
	Yes	■ Other. Specify Collection Attorney Elmhurst Memorial Healthcare					
4.2	Pro Ambulance Service	Last 4 digits of account number	5216	\$797.00			
	Nonpriority Creditor's Name 408 S Neil St Champaign, IL 61820	When was the debt incurred?	3/9/15				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify medical					

Part 3: List Others to Be Notified About a Debt That You Already Listed

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5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency

Debtor 1 Celso Gabriel Santos

is trying to collect from you for a debt you ow	e to someone else, list the original cr bts that you listed in Parts 1 or 2, list	editor in Parts 1 or 2, then list the collection agency here. Similarly, if you the additional creditors here. If you do not have additional persons to be			
Name and Address		2 did you list the original creditor?			
Credit Collection Services	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
725 Canton St Norwood, MA 02062		Part 2: Creditors with Nonpriority Unsecured Claims			
Not wood, MA 02002	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?			
Credit Collection Services	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
725 Canton St Norwood, MA 02062		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Norwood, MA 02002	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Creditors Collection Bureau, Inc	Line 4.22 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
PO Box 1280 Oaks, PA 19456		Part 2: Creditors with Nonpriority Unsecured Claims			
Janes, 1 74 10-100	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?				
Nationwide Credit & Collection	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
815 Commerce Dr Suite 270 Oak Brook, IL 60523		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Ouk B100k, 12 00020	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2	2 did you list the original creditor?			
Nationwide Credit & Collection	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims			
815 Commerce Dr Suite 270 Oak Brook, IL 60523		Part 2: Creditors with Nonpriority Unsecured Claims			
Out 5.00k, 12 00020	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			10	otal Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d		6d	<u> </u>	0.00
ou.	Caron And all other priority discoursed dialins. While that amount here.	ou.	Ψ	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
			To	otal Claim
6f.	Student loans	6f.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	7,633.00
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	7,633.00
	6b. 6c. 6d. 6e. 6f. 6g. 6h. 6i.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. 6d. 6d. 6d. 6d. 6d. 6e.	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6e. \$ 6f. Student loans 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

		12(12)	<u> </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	Celso Gabriel Sa	ntos		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the o	contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	-
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				
	Number	Street			-
	City		State	ZIP Code	
2.5	-		·		
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	,		0.0.0		

		Docume	nt Page 29 of	<u>56</u>
Fill in this info	rmation to identify your	case:		
Debtor 1	Celso Gabriel Sar	ntos		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Sankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing
	orm 106H e H: Your Cod e	ebtors		12/15
people are filin ill it out, and n your name and 1. Do you	g together, both are equal umber the entries in the case number (if known)	ally responsible for supp	lying correct information the Additional Page to the Additional Page	complete and accurate as possible. If two married n. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write s a codebtor.
		lived in a community pro Nevada, New Mexico, Pue		? (Community property states and territories include gton, and Wisconsin.)
■ No. Go t □ Yes. Did		ise, or legal equivalent live	with you at the time?	
in line 2 ag	gain as a codebtor only it o), Schedule E/F (Official	f that person is a guarant	or or cosigner. Make su	your spouse is filing with you. List the person shown are you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fill
	mn 1: Your codebtor Number, Street, City, State and Zl	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
5704	idia Santos I E Airelibre Ave #121: itsdale, AZ 85254	3		■ Schedule D, line2.1 Schedule E/F, line Schedule G Citimortgage

Schedule H: Your Codebtors

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E.II										
	in this information to identify your captor 1 Celso Gabrie									
	otor 2 puse, if filing)									
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS							
(If kr	se number						mendec pplemer	d filing nt showing po s of the follow	•	chapter
	fficial Form 106l					MM /	DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/1
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment	r spouse is not filing wi	th you, do not includ	e infor	matio	on about yo case numb	ur spou per (if k	use. If more nown). Ans	space is n wer every o	eeded,
٠.	information.		Debtor 1			De	ebtor 2	or non-filing	j spouse	
	If you have more than one job, attach a separate page with	Employment status			☐ Employed					
	information about additional employers.		☐ Not employed			Ц	☐ Not employed			
	Include part-time, seasonal, or	Occupation	accounting Superior Ambulance							
	self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address	395 W Lake St Elmhurst, IL 6012	26						
		How long employed the	here? 17 years				_			
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	you have nothing to rep	oort for	any li	ine, write \$0	in the s	space. Includ	e your non-	-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	for all e	emplo	yers for that	t person	n on the lines	below. If yo	ou need
						For Debtor	1	For Debto non-filing		
2.	List monthly gross wages, salad deductions). If not paid monthly, or			2.	\$	3,50	1.33	\$	N/A	
3.	Estimate and list monthly overti	ime pay.		3.	+\$_		0.00	+\$	N/A	

3,501.33

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Celso Gabriel Santos			Case	number (if known) _				
					For	Debtor 1			ebtor :		
	Сор	y line 4 here	4.		\$_	3,501.33	3	\$	ming o	N/A	_
5.	List	all payroll deductions:									
٠.	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	673.83	ł.	\$		N/A	
	5b.	Mandatory contributions for retirement plans		b.	\$	0.00	_	\$		N/A	_
	5c.	Voluntary contributions for retirement plans		C.	\$	0.00	_	\$		N/A	_
	5d.	Required repayments of retirement fund loans		d.	\$	0.00	_	\$		N/A	-
	5e.	Insurance		е.	\$	576.33	_	\$		N/A	-
	5f.	Domestic support obligations	5f		\$	0.00	_	\$		N/A	=
	5g.	Union dues	5	a.	\$	0.00	_	\$		N/A	_
	5h.	Other deductions. Specify:		h.+	\$	0.00	_	\$		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_		* — \$	1,250.16	_	\$		N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ \$	2,251.17		\$		N/A	-
			,.	•	Ψ –	2,231.17	_	Ψ		IN/A	-
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	88	a.	\$	0.00)_	\$		N/A	
	8b.	Interest and dividends	81	b.	\$	0.00)	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	0.		¢.	0.00		¢.		NI/A	
	0.1	settlement, and property settlement.	80		\$_	0.00	_	\$		N/A	_
	8d.	Unemployment compensation		d.	\$_	0.00	_	\$		N/A	-
	8e. 8f.	Social Security	86	e.	\$_	0.00	_	\$		N/A	_
	OI.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Contribution from son	81	f.	\$	400.00)	\$		N/A	
	8g.	Pension or retirement income	_ 8	g.	\$	0.00)	\$		N/A	-
	8h.	Other monthly income. Specify:	81	h.+	\$	0.00) +	\$		N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	. [\$	400.00)	\$		N/A	<u> </u>
40	0-1	sulate monthly become Add the 7 at the 0	40	Φ.		0.054.47	Φ.			•	0.054.47
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Φ_		2,651.17 +	\$_		N/A	= \$ _	2,651.17
11.	Inclu othe Do r	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	dep			•			chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$	2,651.17
13.	Do	you expect an increase or decrease within the year after you file this form	?							Combin monthl	ned y income
		No.									

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FilLin	this information	on to identify yo	our case:			I		
Debtor		Celso Gabrie				Chec	ck if this is:	
	_	Ociso Gabrie	oantos	•			An amended filing	
Debtor (Spous	e, if filing)						A supplement show 13 expenses as of	wing postpetition chapter the following date:
United	States Bankrup	otcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS	-	MM / DD / YYYY	
Case n (If know								
Offi	cial For	m 106J				1		
Sch	nedule	J: Your	Exper	nses				12/1
Be as inform	complete ar	nd accurate as	possible. eded, atta	. If two married people ar	e filing together, b form. On the top of	oth are equ f any additio	ally responsible fo onal pages, write y	or supplying correct your name and case
Part 1		e Your House	hold					
_	s this a joint							
	■ No. Go to I ☑ Yes. Does		in a separ	ate household?				
	□ No		·	al Form 106J-2, Expenses	for Separate House	ehold of Deb	tor 2.	
2. D	Oo you have	dependents?	■ No					
	Do not list Del Debtor 2.	otor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Oo not state th							□ No
d	lependents na	ames.						☐ Yes ☐ No
								☐ Yes
								□ No
								Yes
								□ No □ Yes
3. D	o your expe	enses include		No			_	⊔ Yes
е	expenses of	people other ti your depende	^{han} ┌	Yes				
Part 2		te Your Ongoi						
expen				uptcy filing date unless y y is filed. If this is a supp				
the va		assistance an		government assistance it cluded it on <i>Schedule I:</i> Y			Your exp	enses
(01110)		,						
		home owners any rent for the		ses for your residence. In or lot.	nclude first mortgag	e 4. \$	·	1,100.00
If	f not include	d in line 4:						
4		tate taxes				4a. \$.	0.00
		y, homeowner's				4b. \$		0.00
				upkeep expenses		4c. \$		0.00
				dominium dues our residence , such as ho	me equity loans	4d. \$ 5. \$		0.00

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Deptor 1 Celso Ga	briel Santos	Case num	iber (if known)	
6. Utilities:				
	heat, natural gas	6a.	\$	150.00
	ver, garbage collection	6b.	·	100.00
·	, cell phone, Internet, satellite, and cable services	6c.		203.00
6d. Other. Spe		6d.		0.00
	keeping supplies	7.		433.00
	nildren's education costs	8.	·	0.00
	y, and dry cleaning		\$	75.00
_	roducts and services	10.		
Medical and den		11.	·	50.00
	•	11.	Φ	0.00
 Iransportation. Do not include ca 	Include gas, maintenance, bus or train fare.	12.	\$	100.00
	lubs, recreation, newspapers, magazines, and books	13.		0.00
	ibutions and religious donations	14.	·	0.00
5. Insurance.	ibutions and religious donations	14.	Ψ	0.00
	surance deducted from your pay or included in lines 4 or 20.			
15a. Life insurar		15a.	\$	0.00
15b. Health insu		15b.		0.00
15c. Vehicle ins		15c.		90.00
15d. Other insur		15d.	·	0.00
	clude taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Specify:	clude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
7. Installment or le	ase navments:		Ψ	0.00
17a. Car payme		17a.	\$	0.00
17b. Car payme		17b.	·	0.00
17c. Other. Spe		17c.	·	0.00
17d. Other. Spe	•	17c. 17d.	·	
	cny. of alimony, maintenance, and support that you did not repo		Φ	0.00
	our pay on line 5, <i>Schedule I, Your Income</i> (Official Form 1		\$	0.00
9. Other payments	you make to support others who do not live with you.	001).	\$	0.00
Specify:	,	19.	·	0.00
	rty expenses not included in lines 4 or 5 of this form or on			
20a. Mortgages		20a.		0.00
20b. Real estate		20b.		0.00
	omeowner's, or renter's insurance	20c.		0.00
	ce, repair, and upkeep expenses	20d.	·	0.00
	er's association or condominium dues	20a. 20e.	·	
	ers association or condominium dues		· <u> </u>	0.00
I. Other: Specify:		21.	+\$	0.00
2. Calculate your n	nonthly expenses			
22a. Add lines 4 t	hrough 21.		\$	2,301.00
	(monthly expenses for Debtor 2), if any, from Official Form 106	6J-2	\$	
		-		2 204 00
ZZU. AUU IIIIE ZZA	and 22b. The result is your monthly expenses.		\$	2,301.00
3. Calculate your n	nonthly net income.			
23a. Copy line 1	2 (your combined monthly income) from Schedule I.	23a.	\$	2,651.17
	monthly expenses from line 22c above.	23b.	-\$	2,301.00
177	- '			
23c. Subtract vo	our monthly expenses from your monthly income.			A=A :-
	s your monthly net income.	23c.	\$	350.17
	•			
	n increase or decrease in your expenses within the year af			
	u expect to finish paying for your car loan within the year or do you expe	ct your mortgage	payment to increa	ase or decrease because of
_	erms of your mortgage?			
■ No.				
П Уез	Explain here:			·

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Fill in this info	matian ta idantifu varr				
	mation to identify your				
Debtor 1	Celso Gabriel Sar First Name	ntos Middle Name	Last Name		
Debtor 2	Tilstivame	Wildle Name	Lastivame		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official Form	-	ın Individual	Debtor's Sch	nedules	12/15
If two married po	eople are filing togethe	r, both are equally respo	nsible for supplying corre	ect information.	
obtaining money		n connection with a bank			ent, concealing property, or or imprisonment for up to 20
Sig	n Below				
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes. I	Name of person				ptcy Petition Preparer's Notice, nd Signature (Official Form 119)
	alty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules filed	with this declaration	and
X /s/ Cel	so Gabriel Santos		Х		
	Gabriel Santos		Signature of D	Pebtor 2	

Date

Signature of Debtor 1

Date **June 3, 2018**

Fil	l in this inform	nation to identify you	r case:			
_	btor 1	Celso Gabriel Sa				
	DIOI 1	First Name	Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
	se number					heck if this is an mended filing
St Be info	as complete a	of Financial nd accurate as possore space is needed,	attach a separate sheet to	are filing together, both are	ankruptcy equally responsible for sup additional pages, write you	
	<u> </u>	a). Answer every questetails About Your Ma	stion. irital Status and Where You	ı Lived Before		
1.	What is your	current marital statu	ıs?			
	☐ Married ■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat					ity property state or territory co, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
Pa	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$17,872.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Celso Gabriel Santos

				Debtor 1		Debtor :	2				
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)		Sources of income Check all that apply.		Gross income (before deductions and exclusions)		
		ndar year: December	31, 2017)	■ Wages, commissions, bonuses, tips			es, commissions, s, tips				
				☐ Operating a business		☐ Oper	rating a business				
		ndar year be December		■ Wages, commissions, bonuses, tips	\$32,777.00	- 3	☐ Wages, commissions, bonuses, tips				
				☐ Operating a business		☐ Oper	rating a business				
5.	Include ir and othe winnings List each	ncome regard r public bene . If you are fili	lless of wheth fit payments; ng a joint cas he gross inco	e during this year or the two er that income is taxable. Ex- pensions; rental income; inter e and you have income that y me from each source separa	amples of other income arest; dividends; money colvoureceived together, list	e alimony; chi lected from la it only once u	iwsuits; royalties; inder Debtor 1.				
				Debtor 1		Debtor :	2				
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Describe	s of income e below.	(be	oss income efore deductions d exclusions)		
Pai	rt 3: Lis	st Certain Pa	yments You	Made Before You Filed for	Bankruptcy						
6.	□ No.	Neither De individual puring the South No. Yes * Subject Debtor 1 c	90 days before Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days before Go to line 7 List below expaid that crunot include to adjustment or Debtor 2 or 90 days before Go to line 7 List below expanding the pay	each creditor to whom you pai editor. Do not include paymer payments to an attorney for the on 4/01/19 and every 3 years r both have primarily consure you filed for bankruptcy, di	Imer debts. Consumer dead purpose." d you pay any creditor a to da total of \$6,425* or mounts for domestic support of his bankruptcy case. Is after that for cases filed imer debts. d you pay any creditor a to da total of \$600 or more a data of \$600 o	re in one or moligations, sucon or after the otal of \$600 o	* or more? nore payments anch as child support e date of adjustment or more?	d the tot rt and ali ent.	al amount you imony. Also, do litor. Do not		
	Credito	r's Name and	·	Dates of payme	nt Total amount	Amount	t vou Was thi	is navm	ent for		
	Oreuno	o Haine all	Auditoo	Dates of payme	paid		owe	o payiii			

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7.	Within 1 year before you filed for bankruptur Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. No	ertners; relatives of any gene control, or owner of 20% or	eral partners; partner r more of their voting	erships of which y g securities; and	ou are a genera any managing a	al partner; corporations agent, including one fo
	☐ Yes. List all payments to an insider. Insider's Name and Address	Dates of payment	Total amount	Amount you still owe	Reason for	this payment
3.	Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider	igned by an insider.	ements or transfer a	any property on		
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Include cred	this payment litor's name
Par	t 4: Identify Legal Actions, Repossession	s. and Foreclosures				
Э.	Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
	Midland Funding Llc vs CELSO SANTOS 14SC5493	SMALL CLAIMS JUDGMENT	DU PAGE LAW MAGISTRATE		☐ Pending ☐ On appe ☐ Conclud -1,964.00	eal ed
	Citimortgage v Celso Santos and Claudia Santos 2016 CH 00316	Foreclosure	DuPage Circui 525 County Fa Wheaton, IL 60	rm Rd	■ Pending □ On appe	eal
10.	Within 1 year before you filed for bankrupte Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.	N.	rty repossessed, f		·	
	Creditor Name and Address	Describe the Property		Date	9	Value of the property
14	Within 00 days before you filed for her law.	Explain what happened		anneial inctitudi	un sot off and	amounte from vove
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No Yes. Fill in the details.		uding a bank or m	ianciai institutio	m, set on any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date take	e action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or a ■ No □ Yes		rty in the possess			efit of creditors, a

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Case number (if known) Document Debtor 1 Celso Gabriel Santos

Pa	t 5: List Certain Gifts and Contributions							
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.							
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or con-	tcy, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?				
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value				
Pai	t 6: List Certain Losses							
15.	Within 1 year before you filed for bankruptor gambling? No Yes. Fill in the details.	ey or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,				
	Describe the property you lost and how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Pai	t 7: List Certain Payments or Transfers							
16.	consulted about seeking bankruptcy or pre	cy, did you or anyone else acting on your behalf pay oparing a bankruptcy petition? Dearers, or credit counseling agencies for services require		erty to anyone you				
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Mila Gloria Novak 2300 W. Lake St Melrose Park, IL 60160-3623 mila@milaglorianovak.com	Attorney Fees	5-15-18	\$0.00				
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you		or transfer any prope	rty to anyone who				
	No							
	Yes. Fill in the details. Person Who Was Paid	Description and value of any property	Date navment	Amount of				
	Address	Description and value of any property transferred	Date payment or transfer was made	payment				

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Debtor 1 Celso Gabriel Santos

 Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than proper transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 							
	Person Who Address	Received Transfer	property transfer		Describe any property of payments received or de paid in exchange		Date transfer was nade
	Person's rela	ationship to you					
 Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or beneficiary? (These are often called asset-protection devices.) No 						of v	which you are a
	☐ Yes. Fill i	n the details.					
	Name of trus	t	Description and	value of the propo	erty transferred		Date Transfer was nade
Par	t 8: List of (Certain Financial Accounts, In	struments. Safe Depos	it Boxes. and Sto	rage Units		
		,	, op	,	9		
20.	sold, moved,	before you filed for bankrupto or transferred? king, savings, money market,			•	-	
	houses, pens	ion funds, cooperatives, asso				, credit di	nons, brokerage
	No						
	☐ Yes. Fill	in the details.					
		ancial Institution and aber, Street, City, State and ZIP	Last 4 digits of account number	Type of accour instrument	nt or Date account wa closed, sold, moved, or transferred		Last balance before closing or transfer
21.	cash, or other	nave, or did you have within 1 r valuables?	year before you filed fo	r bankruptcy, any	safe deposit box or other	depositor	ry for securities,
	No						
	☐ Yes. Fill	in the details.					
	Name of Fina	ancial Institution	Who else had ac	case to it?	Describe the contents		Do you still
		nber, Street, City, State and ZIP Code)	Address (Number, State and ZIP Code)		Describe the contents		have it?
22.	Have you stor	red property in a storage unit	or place other than you	r home within 1 y	ear before you filed for bar	nkruptcy?	
	■ No						
	☐ Yes. Fill	in the details.					
	Name of Stor Address (Num	rage Facility her, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe the contents		Do you still have it?
Par	t 9: Identify	Property You Hold or Control	I for Someone Else				
23.							
	■ No □ Yes. Fill	in the details.					
	Owner's Nan Address (Num	ne ber, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City,		Describe the property		Value
Par	t 10: Give De	tails About Environmental Inf	Code)				
-or	me purpose of	f Part 10, the following definit	іонѕ арріу:				

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Debtor 1 **Celso Gabriel Santos**

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

		or similar term.					
Report all notices, releases, and proceedings that you know about, regardless of when they occurred.							
Has	any governmental unit notified you that	you may be liable or potentially liable	unc	der or in violation of an environme	ntal law?		
_	No						
	Yes. Fill in the details.						
		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
Hav	e you notified any governmental unit of	any release of hazardous material?					
	No Yes. Fill in the details.						
		Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
Hav	e you been a party in any judicial or adn	ninistrative proceeding under any envi	ironr	mental law? Include settlements a	nd orders.		
	No Yes. Fill in the details.						
-		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case		
11:	Give Details About Your Business or	Connections to Any Business					
Witl	nin 4 vears before you filed for bankrupt	cv. did vou own a business or have an	ıv of	the following connections to any	business?		
			•				
_							
			S.				
	siness Name	Describe the nature of the business					
		Name of accountant or bookkeeper		Dates business existed			
		cy, did you give a financial statement t	to ar	nyone about your business? Inclu	de all financial		
	No						
	Yes. Fill in the details below.						
Ad	dress	Date Issued					
	Has Naid Naid Hav Said Naid Naid Naid Naid Naid Naid Naid N	Has any governmental unit notified you that No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of the site and site and site address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or admage and site address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or admage and site address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number 11: Give Details About Your Business or (Within 4 years before you filed for bankrupted and A sole proprietor or self-employed in a member of a limited liability company and A partner in a partnership An officer, director, or managing executed and officer, director, or managing executed and sile and sile siles and sile susiness Name Address (Number, Street, City, State and ZIP Code) Within 2 years before you filed for bankrupte institutions, creditors, or other parties. No	Has any governmental unit notified you that you may be liable or potentially liable No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or administrative proceeding under any envious Passes (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) An et al. Court or agency Name Address (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code) No Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued	No No No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Covernmental unit Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Court or agency Name Case Number No Yes. Fill in the details. Court or agency Name Address (Number, Street, City, State and ZIP Code) No Address (Number, Street, City, State and ZIP Code) A give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of A sole proprietor or self-employed in a trade, profession, or other activity, eith A member of a limited liability company (LLC) or limited liability partnership (I A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental No Yes. Fill in the details.		

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 6 Case 18-16003 Doc 1 Filed 06/04/18 Entered 06/04/18 14:35:09 Desc Main Page 41 of 56 Case number (if known) Document

Debtor 1 Celso Gabriel Santos

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Celso Gabriel Santos Signature of Debtor 2 **Celso Gabriel Santos** Signature of Debtor 1 Date June 3, 2018 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$\overline{0.00}\$ toward the flat fee, leaving a balance due of \$\overline{4,000.00}\$; and \$\overline{0.00}\$ for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:	O	II J	
Signed:			
/s/ Celso Gabriel Santos		/s/ Mila Gloria Novak	
Celso Gabriel Santos		Mila Gloria Novak 6184136	
		Attorney for the Debtor(s)	
Debtor(s)			
Do not sign this agreement if the an	nounts are	blank.	

Local Bankruptcy Form 23c

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:	/s/ Mila Gloria Novak	
Celso Gabriel Santos	Mila Gloria Novak 6184136	
	Attorney for the Debtor(s)	
Debtor(s)		

Debtor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Celso Gabriel Santos		Case N	0.	
		Debtor(s)	Chapte	r 13	
	DISCLOSURE OF COMPENS.	ATION OF ATTO	RNEY FOR	DEBTOR(S)	
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or	f the petition in bankruptcy	, or agreed to be p	aid to me, for service	
	For legal services, I have agreed to accept		\$	4,000.00	
	Prior to the filing of this statement I have received		\$	0.00	
	Balance Due		\$	4,000.00	
2. \$	310.00 of the filing fee has been paid.				
3. 7	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. 7	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	I have not agreed to share the above-disclosed compensation	ation with any other person	unless they are m	embers and associate	s of my law firm.
I	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names				ıy law firm. A
6.]	In return for the above-disclosed fee, I have agreed to rende	r legal service for all aspec	ts of the bankrupto	cy case, including:	
t c	Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, stateme Representation of the debtor at the meeting of creditors a [Other provisions as needed] Negotiations with secured creditors to redureaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house	ent of affairs and plan which and confirmation hearing, a suce to market value; ex as needed; preparation	h may be required nd any adjourned emption planni	hearings thereof;	nd filing of
7. I	By agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any discharany other adversary proceeding.			nces, relief from s	stay actions or
	C	CERTIFICATION			
	certify that the foregoing is a complete statement of any agankruptcy proceeding.	reement or arrangement fo	r payment to me for	or representation of th	ne debtor(s) in
Jı	une 3, 2018	/s/ Mila Gloria No	ovak		
	ate	Mila Gloria Nova			
		Signature of Attorn Mila Gloria Nova			
		2300 W. Lake St			
		Melrose Park, IL 708-343-9119 Fa		o.	
		mila@milagloria		•	
		Name of law firm			

United States Bankruptcy Court Northern District of Illinois

In re	Celso Gabriel Santos		Case No.	
		Debtor(s)	Chapter 13	
	VE	RIFICATION OF CREDITOR M.	ATRIX	
		Number of	Creditors:	19
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credite	ors is true and corre	ect to the best of my
Date:	June 3, 2018	/s/ Celso Gabriel Santos Celso Gabriel Santos Signature of Debtor		

Affiliated Physicians Practice of E 27535 Network Place Chicago, IL 60673

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Citimortgage Citimortgage Corp 1000 Technology Dr O'Fallen, MO 63368

Claudia Santos 5704 E Airelibre Ave #1213 Scottsdale, AZ 85254

Codilis & Associates 15W030 N. Frontage Rd, Suite 100 Burr Ridge, IL 60527

Credit Collection Services 725 Canton St Norwood, MA 02062

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193

Creditors Collection Bureau, Inc PO Box 1280 Oaks, PA 19456

Dell Financial Services LLC Attn: President/CEO Po Box 81577 Austin, TX 78708

Elmhurst Clinic Addison 303 W Lake St Addison, IL 60101 Elmhurst Clinic- Billing 172 E Schiller St Elmhurst, IL 60126

Elmhurst Memorial Hospital P O Box 4052 Carol Stream, IL 60197

Elmhurst Memorial Hospital 28930 Netowrk Place Chicago, IL 60673

Elmhurst Radiologist P O Box 1035 Bedford Park, IL 60499

Kohls/Capital One Kohls Credit Po Box 3120 Milwaukee, WI 53201

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Nationwide Credit & Collection 815 Commerce Dr Suite 270 Oak Brook, IL 60523

Nationwide Credit & Collections, Inc Attn: Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523

Pro Ambulance Service 408 S Neil St Champaign, IL 61820